FORM D

1291163



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
xpires:	December 31, 1996					
Estimated average burden						
ours per form	16.00					

Prefix		Serial
	DATE RECEIVED	- -

Name of Offering ([]] check if this is an ame Clearwater Capital Partners Opportunitie					
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	[]Section 4(6)	J. [] ULOE
Type of Filing: [X] New Filing	[] Amendment			<u> </u>	
	A. BASIC IDI	ENTIFICATION	DATA	RE	CEIVED
1. Enter the information requested about t	he issuer			Anna.	20 188
Name of Issuer ([] check if this is an amend Clearwater Capital Partners Opportunities		ed, and indicate ch	ange.)	Wight I	7 2004
Address of Executive Offices	(Number and Street, City,	State 7in Code)	Tolombono Numbe	r (Including Area C	odo)
485 Madison Avenue, 18th Floor, New Yo		State, Zip Code)	646-495-5545		
		0: 7: 0 1)			4/3/m///
Address of Principal Business Operations	(Number and Street, City,	State, Zip Code)	Telephone Number	er (Including Area C	ROCESSED
(if different from Executive Offices)					
Brief Description of Business					MAY 21 2004
Investment limited partnership				1	MAI & I Book
-					THOMSON
Type of Business Organization					FINANCIAL
[] corporation	[X] limited partnersh	nip, already formed	i	[] other (please	specify):
[] business trust	[] limited partnersh	ip, to be formed			
		Month Ye	ear		
Actual or Estimated Date of Incorporation or	Organization:	[03]	[2004]	[X] Actual	[] Estimated
Jurisdiction of Incorporation or Organization	C		ice abbreviation for		
1		; FN for foreign ju			[FN]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] General and/or]	[X] Beneficial Owner Managing Partner	[] Executive Officer	[X] Director					
Full Name (Last name first, if indiv									
Robert D. Petty	,								
Business or Residence Address (Nu	mber and Street. Cit.	v. State, Zin Code)							
485 Madison Avenue, 18th Floor									
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director					
	[X] General and/or		[]	[]					
Full Name (Last name first, if indiv		- Tuning Birls 1 or - 10.							
Clearwater Capital Partners GP									
Business or Residence Address (Nu		v State Zin Code)							
485 Madison Avenue, 18th Floor	New York New Y	ork 10022							
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director					
Check Box(es) that Apply.		Managing Partner	[] Executive Officer	[] Birector					
Full Name (Last name first, if indiv		Taragaig Laures							
Clearwater Capital GP, Ltd.	iduai)								
Business or Residence Address (Nu	mber and Street Cit	v State Zin Code)							
485 Madison Avenue, 18 th Floor									
Check Box(es) that Apply:	Promoter	Beneficial Owner	[] Executive Officer	[] Director					
Check Box(es) that ripply.		Managing Partner	[] ZACCANTO CINCOL	[] Director					
Full Name (Last name first, if indiv		Widning I id their							
Tail Name (Bast hame 1134, 11 marv	iddai)								
Business or Residence Address (Nu	mber and Street Cit	v State Zin Code)							
2 4511000 07 11001001100 11001000 (110	mour and survey, on	<i>y</i> , <i>Suite</i> , <i>2. p Code</i> ,							
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director					
chief Lon(es) Lim 1 pp.y.	L 3	Managing Partner	[]	[] =					
Full Name (Last name first, if indiv									
Business or Residence Address (Nu	mber and Street, Cit	v. State, Zip Code)							
(,,	,,,,							
Check Box(es) that Apply:	[] Promoter	Beneficial Owner	[] Executive Officer	[] Director					
	• -	Managing Partner		. ,					
Full Name (Last name first, if indiv									
,	,								
Business or Residence Address (Nu	mber and Street, Cit	v. State, Zip Code)							
`	,	, , , ,							
Check Box(es) that Apply:	[] Promoter	Beneficial Owner	[] Executive Officer	[] Director					
		Managing Partner	. ,						
Full Name (Last name first, if indiv									
,	,								
Business or Residence Address (Number and Street, City, State, Zip Code)									
	(The black to the		a of this chart on management						
•	(Use blank she	et, or copy and use additional copie	es of this sheet, as necessary.)						

					B. INI	FORMA'	ITON AI	OUT O	FERING	3				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? *Minimum investment amount may be waived in the discretion of the general partner.										[Yes No] [X] . \$50,000*			
			•				•							es No
3. Do	es the offe	ring permi	t joint owr	ership of	a single un	it?				•••••			[] [X]
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A														
Full Nar	ne (Last na	ıme first, i	f individua	al)										
Business	or Reside	nce Addre	ss (Numb	er and Stre	et, City, S	tate, Zip C	ode)		· · · · · · · · · · · · · · · · · · ·					
Name of	Associate	d Broker	or Dealer		-									-
States in	Which Pe	rson Liste	d Has Soli	cited or In	tends to So	olicit Purch	nasers					_		
	(Check '	'Δ11 States	" or check	individua	l States)								ΓΙΔΊ	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[]/ <u>u</u>	Jules
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	MI] [OH]	[MN] [OK]	MS] [OR]	[MO] [PA]	
Full Nar	[RI] ne (Last na	[SC] ame first, i	[SD] f individua	[TN] al)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business	s or Reside	nce Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)	····						
Name o	f Associate	ed Broker	or Dealer						 		***			
					_									
States in						olicit Purch								
	,				-									l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nar			findividua											
Busines	s or Reside	nce Addre	ess (Numb	er and Stre	æt, City, S	tate, Zip C	lode)							•
Name o	f Associate	ed Broker	or Dealer					*****						
States in	Which Pe	rson Liste	d Has Soli	cited or In	tends to So	olicit Purch	nasers							
	(Check	'All States	or check	individua	l States)					•••••			[] Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
			(Use blank	sheet, or	copy and u	se additior	al copies o	of this shee	t, as neces	sary.)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		Am	ount Already Sold
	Debt	\$	-0-	\$_		-0-
	Equity	\$	-0-	\$_		-0-
	[] Common [] Preferred					
	Convertible Securities (including warrants)	\$	-0-	\$_		-0-
	Partnership Interests	\$	\$1,000,000	\$		\$545,000
	Other (specify)	\$	-0-	\$_		-0-
	(
	Total	\$ _	\$1,000,000	\$_		\$545,000
	Answer also in Appendix, Column 3, if filing Under ULOE					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number	A		ate Dollar Amount
			Investors		0	f Purchases
	Accredited Investors	-	<u>9</u> -0-	. \$_		\$545,000 -0-
	Non-accredited Investors		-0-	. 2_		
	Total (for filings Under Rule 504 Only)		N/A	\$_		N/A
	Answer also in Appendix, Column 4 if filing under ULOE					
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of offering		Type of		D	ollar Amount
	2) Po 0.2 0.4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Security			Sold
	Rule 505	_	N/A	. \$_		N/A
	Regulation A		N/A	. \$_		N/A
	Rule 504		<u>N/A</u>	. \$_		N/A
	Total		N/A	\$		N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate					
	Transfer Agent's Fees		f	S		-0-
	Printing and Engraving Costs					
	Legal Fees.					600
	Accounting Fees					-0-
						-0-
	Engineering Fees				········	
	Sales Commissions (Specify finder's fees separately)					
	Other Expenses (identify): Non-Accountable Expenses					
	Total		[V] \$_		600

	C. OFFERING PRICE, NUMBER OF INVES	TORS, EX	KPEN	SES AND USE	OF PROC	CEEDS	
	 b. Enter the difference between the aggregate offering price given in re- — Question 1 and total expenses furnished in response to Part C — Qu difference is the "adjusted gross proceeds to the issuer." 	estion 4.a.	This			\$ 999,400	
5.	Indicate below the amount of the adjusted gross proceeds to the proposed to be used for each of the purposes shown. If the amount for not known, furnish an estimate and check the box to the left of the est of the payments listed must equal the adjusted gross proceeds to the i response to Part C – Question 4.b above.	or any purpo timate. The	se is total				
				Payments to O Directors, & A	fficers, ffiliates	Payments To Others	
	Salaries and fees		[]	\$ <u>-0-</u>	[]	\$ <u>-0-</u>	
	Purchase of real estate	••••••	[]	\$ <u>-0-</u>	[]	\$-0-	
	Purchase, rental or leasing and installation of machinery and equip	oment	[]	\$ <u>-0-</u>	[]	\$ <u>-0-</u>	
	Construction or leasing of plant buildings and facilities	•••••	[]	\$ <u>-0-</u>	. []	\$ <u>-0-</u>	
	Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets of secu issuer pursuant to a merger)	rities of and	ther	£ 0	ri	• 0	
	Repayment of indebtedness		[] \$ <u>-0</u>	\$ <u>-0-</u> \$-0-		\$ <u>-0-</u> \$-0-	
	Working capital			\$ <u>-0-</u>			
				\$ <u>-U-</u>	l J	\$ <u>-0-</u>	
	Other: Investments	••••••	[\]	\$ <u>994,400</u>	[]	\$ <u>-0-</u>	
	Management Fees		[]	\$ <u>5,000</u>	{[]	\$ <u>-0-</u>	
	Column totals		[4]	\$999,400	[]	\$ <u>-0-</u>	
	Total payments listed (column totals added)	•••••		[√] <u>\$999,400</u>)		
	D. FEDERAL	. SIGNATU	RE				
The iss constit	suer has duly caused this notice to be signed by the undersigned duly authoutes an undertaking by the issuer to furnish to the U.S. Securities and Exchaer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502	rized person ange Comm	. If this	s notice is filed unde upon written reques	er Rule 505, t of its staff,	the following signature the information furnished by	
	(Print or Type) Clearwater Capital Partners Opportunities Fund II, L.P.	Signature		21/		Date May 12, 200	
Name	of Signer (Print or Type)						
By: Cl	earwater Capital Partners GP Holdings, L.P., its general partner	Title of Sign					
By: Cl	earwater Capital GP, Ltd., its general partner	Director of Clearwater Capital GP, Ltd.					
Rv∙ R	ohert D. Petty						